

CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 324

Date: OCTOBER 22, 2004

CHANGE REQUEST 3491

I. SUMMARY OF CHANGES: Quarterly Update to Correct Coding Initiative (CCI) edits, Version 11.0, Effective January 1, 2005

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2005

*IMPLEMENTATION DATE: January 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.) (R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

*Medicare contractors only

Attachment – Recurring Update Notification

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SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) edits, Version 11.0, Effective January 1, 2005

I. GENERAL INFORMATION

The latest package of Correct Coding Initiative (CCI) edits, Version 11.0, effective January 1, 2005, will be available via the CMS Data Center (CDC). A test file will be available on or about November 1, 2004, and the final file will be available on or about November 16, 2004.

Version 11.0 will include all previous versions and updates from January 1, 1996, to the present and will be organized in two tables: Column 1/ Column 2 Correct Coding Edits and Mutually Exclusive Code (MEC) Edits.

A. Background: The Centers for Medicare and Medicaid Services developed the National Correct Coding Initiative to promote national correct coding methodologies and to control improper coding that leads to inappropriate payment in Part B claims.

B. Policy: The coding policies developed are based on coding conventions defined in the American Medical Association's CPT manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practice and review of current coding practice.

C. Provider Education: "A provider education article related to this instruction will be available at <http://www.cms.hhs.gov/medlearn/matters> shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin."

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C A R R I E R	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3311.1	CWF shall allow override capabilities of CWF Edit 51#L on all hospital outpatient claims submitted with units of service for observation greater than 48 hours and which are found to be reasonable and necessary.								X	
3311.2	FIs shall apply the CWF override to claims, which meet the criteria listed in requirement 3311.1.	X				X				
3311.3	FIs shall remind providers to give the beneficiary an ABN, per the Medicare Claims Processing Manual, Chapter 30, Financial Liability Protections, §40.3.1, if they plan to charge the beneficiary for observation services beyond 48-hours.	X								
3311.4	Intermediaries shall inform affected providers by posting this document on their Web site within 2 weeks.	X								

Requirement #	Requirements	Responsibility
3491.1	<p>The regional office correct coding initiative (ROCCI) representatives should access the files from the CDC in the same manner they download the previous versions. The filenames for the regions are:</p> <p>Test File:</p> <p><u>MU00.@BF12372.CCIALl.MEEDITS.TEST 01.V110</u> <u>MU00.@BF12372.CCIALl.CMPEDITS.TEST 01.V110</u></p> <p>Final File:</p> <p><u>MU00.@BF12372.CCIALl.MEEDITS.FINAL 01.V110</u> <u>MU00.@BF12372.CCIALl.CMPEDITS.FINAL 01.V110</u></p>	ROCCI Carriers

3491.2	<p>The carriers shall use specific job control language in order to access Version 11.0 through the Network Data Mover. The filenames for the carriers are:</p> <p>Test File:</p> <p><u>MU00.@BF12372.CCINDM.MEEDITS.TEST01.V110</u> <u>MU00.@BF12372.CCINDM.CMPEDITS.TES T01.V110</u></p> <p>Final File:</p> <p><u>MU00.@BF12372.CCINDM.MEEDITS.FINAL01.V110</u> <u>MU00.@BF12372.CCINDM.CMPEDITS.FIN L01.V110</u></p>	Carriers
3491.3	The CCI and MEC files will maintain the file formats contained in the Internet Only Manual Chapter 23, Section 20.9. The CCI adds, deletes, and modifier indicator change lists will be forthcoming via electronic mail on or about November 24, 2004.	Carriers
3491.4	Carriers should not search their files to either retract payment or to retroactively pay claims.	Carriers
3491.5	Carriers shall adjust claims if they are brought to their attention.	Carriers
3491.6	If carriers foresee any problems with loading the CCI files, they should load the files 2 - 3 days prior to the effective date (including weekends).	Carriers

Due to Current Procedure Terminology copyrights, immediate corrections, if any, will be included in one of the above notifications.

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: January 1, 2005 Implementation Date: January 3, 2005 Pre-Implementation Contact(s): Val Allen at 410-786-7443 Post-Implementation Contact(s): Val Allen at 410-786-7443	These instructions shall be implemented within your current operating budget.
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